

## PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_ No. 708 Nash Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 186<sup>e</sup>

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

2. Full name of child Rodolfo Trujillo } If child is not yet named, make  
supplemental report, as directed.3. Sex of Child Male To be answered ONLY } 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 7. Date Jun 30 27  
in event of plural } 5. No., in order of birth \_\_\_\_\_ of birth Month day year  
births.8. FATHER Full name Refugio Trujillo 14. MOTHER Full maiden name Agapita Bernal9. Residence (Usual place of abode) 708 Nash Ave 15. Residence (Usual place of abode) 708 Nash Ave  
If nonresident, give place and state If nonresident, give place and state10. Color or race Mexican 11. Age at last birthday 39 (Years) 16. Color or race Mexican 17. Age at last birthday 33 (Years)12. Birthplace (city or place) San Sebastian 18. Birthplace (city or place) San Sebastian  
(State or country) Jalisco, Mexico (State or country) Jalisco, Mexico13. Occupation Miner 19. Occupation Housewife  
Nature of industry Nature of industry20. Number of children of this mother { (a) Born alive and now living 5 21. Were precautions taken against oph-  
(Taken as of time of birth of child herein } (b) Born alive but now dead 33 thalmin neonatorum?  
certified and including this child.) (c) Stillborn none no

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 6:30 m. on the date above stated.  
(Born alive or stillborn.)\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Given name added from a supplemental reportSignature Francisco Vazquez Address Box 513 Miami, ArizFiled \_\_\_\_\_ 19\_\_\_\_ Local Registrar. \_\_\_\_\_  
Month, day, year 936-630-123 Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar. \_\_\_\_\_  
Registrar.